



## Watershed Stewards Project Liability Release, Emergency Medical Information, and Publicity Release for Youth Volunteers

Name: \_\_\_\_\_ Project Site: \_\_\_\_\_

Project Date: \_\_\_\_\_

### **Liability Release** *(must be signed for participation in projects)*

I, the undersigned, attest that I am 18 years of age or older and the parent/legal guardian of the student who is a minor under 18 years of age. As such, I hereby consent to participate or give permission for said minor to participate in a community volunteer service project, sponsored by the Watershed Stewards Project and the California Conservation Corps. I hereby acknowledge that I, or said minor, will be voluntarily participating in the project and, as such, agree to assume any risks associated with the project. I hereby release, discharge, and agree not to sue the Watershed Stewards Project and the California Conservation Corps for any injury, death or damage to, or loss of personal property arising out of or in connection with the participation in the project from whatever cause, including active or passive negligence of anyone associated with the project. I hereby agree and hold harmless the Watershed Stewards Project, the California Conservation Corps, its members and staff, from any and all claims, demands, actions, or suits asserted by me or on my behalf out of or in connection with my, or said minor's, participation in the project. I have carefully read this release, hold harmless, and agree not to sue, understanding its contents. I am aware that it is a full release of all liability and I sign it on my own free will.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Participant Name** *(please print)*

Date: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

*(for Participant under 18 years of age)*

\_\_\_\_\_  
**Parent/Guardian Name** *(please print)*

### **Person to Notify In Case of Accident or Illness**

#### **Primary Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

#### **Second Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

